

**PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s)      Gruening et al.      Examiner:      Yong Soo Chong  
Serial No.:      10/788,663      Group Art Unit:      1617  
Confirmation No.: 3625      Docket:      136-36 RCE  
Filed:      February 27, 2004      Dated:      July 13, 2009  
For:      ANTI-INFECTIOUS  
HYDROGEL  
COMPOSITIONS

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

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I hereby certify that this correspondence is being transmitted  
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Carla Bryan

(Printed Name)

Signature: /carla bryan/

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,  
mailed January 13, 2009, finally rejecting Claims 24-32, 34-36, 38, and 41-53.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANT**

This application is on behalf of  
[ ] other than a small entity.  
[X] small entity.

A verified statement claiming small entity status  
[ ] is attached.  
[ ] was already filed on \_\_\_\_\_.

## 2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/> small entity	\$270.00
<input type="checkbox"/> other than small entity	\$540.00
	Notice of Appeal fee due

\$270.00

## 3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

(A)  Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

Extension (months)	Fee for Other than <u>Small Entity</u>	Fee for <u>Small Entity</u>
<input type="checkbox"/> one month	\$ 130.00	\$ 65.00
<input type="checkbox"/> two months	\$ 490.00	\$245.00
<input checked="" type="checkbox"/> three months	\$1,100.00	\$555.00
<input type="checkbox"/> four months	\$1,730.00	\$865.00

Fee due for indicated extension = **\$555.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for \_\_\_\_ months has already been secured. The fee paid therefor of \$\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request = \$\_\_\_\_\_

(B)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

## 4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ **270.00**  
Extension fee (if any) \$ **555.00**

TOTAL FEE DUE \$ **825.00**

**5. FEE PAYMENT**

Attached is a check in the sum of \$\_\_\_\_\_

Charge Account No. 08-2461 the sum of **\$ 825.00**

**6. FEE DEFICIENCY**

If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,

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Susan A. Sipos  
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